

AMNESTY
ARIZONA FORM
120S

AMNESTY
Arizona Income Tax Return for an S Corporation

1997

For taxable year beginning _____, 19____, and ending _____, 19____.

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153

Business telephone number ()	Use label. Otherwise please print or type.	Name	CHECK ONE Original <input type="checkbox"/> Amended <input type="checkbox"/>
		Number and street	CHECK ONE Calendar year <input type="checkbox"/> Fiscal year <input type="checkbox"/>
		City or town, state and ZIP code	Federal employer ID number
Business activity code number (from your federal Form 1120S)			AZ withholding tax number
			AZ transaction privilege tax number

Check box if: ☐ This is a first return ☐ Name change ☐ Address change

For DOR use only

Information

- A** Is this the corporation's final Arizona return? ☐ Yes ☐ No
If yes, check one: Dissolved ☐ Withdrawn ☐ Merge/Reorg ☐
Federal I.D. no. of the successor corporation
B Business conducted within and without the
State of Arizona? ☐ Yes ☐ No
C Is a composite return being filed? ☐ Yes ☐ No
D Total number of nonresident shareholders
E Total number of resident shareholders

[88]

[81]

[66]

Distributive

Income

1 Total distributive income (loss) - From federal Form 1120S, Schedule K **1** 00

COMPLETE LINES 2-13 ONLY IF THE S CORPORATION HAS EXCESS NET PASSIVE INCOME OR CAPITAL GAINS/BUILT-IN GAINS. AN S CORPORATION THAT IS NOT REQUIRED TO COMPLETE LINES 2-13 MUST COMPLETE LINES 14-32 IF THE S CORPORATION HAS A TAX LIABILITY FROM THE RECAPTURE OF TAX CREDITS.

Income Subject to Federal and Arizona Corporate Income Taxes

2 Excess net passive income **2** 00
3 Capital gains/built-in gains **3** 00
4 Total federal income subject to corporate income tax - add lines 2 and 3 **4** 00
WHOLLY ARIZONA S CORPORATIONS GO TO LINE 11, MULTISTATE S CORPORATIONS GO TO LINE 5.
5 Nonapportionable or allocable income - attach schedule **5** 00
6 Apportionable income - subtract line 5 from line 4 **6** 00
7 Arizona apportionment ratio - see Schedule C instructions **7** .
8 Income apportioned to Arizona - line 6 multiplied by line 7 **8** 00
9 Other income allocated to Arizona - attach schedule **9** 00
10 Total income attributable to Arizona - add lines 8 and 9 **10** 00
11 Arizona income before taxes - from line 4 or line 10 **11** 00
12 Arizona income tax - see Schedule B instructions and check box ☐ **12** 00
13 Net income subject to Arizona corporate income tax - subtract line 12 from line 11 **13** 00

Tax and Credits

14 Enter tax - see instructions before completing this line **14** 00
15 Tax from recapture of credits - from Arizona Form 300, Part II **15** 00
16 Subtotal - add lines 14 and 15 **16** 00
17 Tax credits - from Arizona Form 300, Part II **17** 00
18 Credit type - enter form number for each credit claimed **18** 3 3 3
19 Subtotal - subtract line 17 from line 16 **19** 00
20 Correctional industries recapture tax - from Arizona Form 300, Part II **20** 00
21 Tax liability - add lines 19 and 20 **21** 00

Payments

22 Tax paid when filing Arizona Form 120 EXT - attach copy **22** 00
23 Estimated tax payments made with Arizona Form 120ES **23** 00
24 Total payments - see instructions **24** 00

Refund or Tax Due

25 Balance of tax due - If line 21 is larger than line 24, enter balance of tax due. Skip line 26 **25** 00
26 Overpayment of tax - If line 24 is larger than line 21, enter overpayment of tax **26** 00
27 Penalty and interest **27** 00
28 Estimated tax underpayment penalty and interest. If Form 220 is attached, check box ☐ **28** 00
29 **TOTAL DUE** - payment must accompany return **29** 00
30 **OVERPAYMENT** **30** 00
31 Amount of line 30 to be applied to 1998 estimated tax **31** 00
32 Amount to be refunded - subtract line 31 from line 30 **32** 00

Ext. Code

[82]

Schedule B Arizona Tax Deduction Worksheet

B1					00
B2	●	0	9		
B3					00
B4	1	●	0	9	
B5					00

(a) Total within Arizona	(b) Total everywhere	(c) Ratio within Arizona (a) / (b)
X 2		

Information on Shareholders

Shareholders	Name and address	Social security number and/or federal ID number	Percent of ownership	Distributive share of income (loss)	Check here if shareholder is nonresident
A					
B					
C					
D					
E					
F					
G					
H					
TOTALS					

Certification

The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer).

Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) have examined this return, including the accompanying schedules and statements, and to the best of my (our) knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here

Officer's signature	Title	Date
Officer's signature	Title	Date

Paid Preparer's Use Only

Preparer's signature	Date
Firm's name (or preparer's, if self-employed)	Preparer's TIN
Firm's address	ZIP code